AUSTRALIAN EDUCATION ASSESSMENT SERVICES

APPLICATION FOR TESTING

(To be completed in English)

NAME:
(Please underline Family Name)

MALE / FEMALE
(Please circle)

COUNTRY:

DATE OF BIRTH:

RELIGION:

STATUS(Please tick appropriate box)

OVERSEAS FULL FEE PAYING STUDENT	**[ ]**
AUSTRALIAN PERMANENT RESIDENT	**[ ]**
AUSTRALIAN CITIZEN	**[ ]**
TEMPORARY RESIDENT – VISA 163	**[ ]**

DATE OF TESTING:

PLACE OF TESTING:

REFERRING EDUCATION AGENT: _____

Address:

Telephone:

Email:

AGE AT TIME OF TESTING:

SCHOOL APPLIED FOR: **1.**

2.

3.

YEAR LEVEL APPLIED FOR:

MONTH/YEAR: _____/20___

BOARDING OR HOMESTAY:

PRESENT SCHOOL:

PRESENT YEAR LEVEL:

Commenced (Month/Year):

FATHER'S NAME:

MOTHER'S NAME:

HOME ADDRESS:

Home Telephone:

Business Telephone:

Fax:

Mobile:

Email:

Guardian in Australia (Name, Address and Telephone):